

Healthy Communities Coalition



Community Prevention Plan for Lyon, Storey, and Mineral

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Who are we?

The Healthy Communities Coalition of Lyon and Storey Counties is a grass roots based partnership whose vision is to mobilize, share, and collaborate for healthy communities for all to grow, live and learn. Our mission is to strive to promote and support sustainable, culturally inclusive prevention services, community initiatives, and capacity building systems that address all factions of a healthy community for all members.

Where are we?

Lyon and Storey Counties are located in rural Nevada east of Minden, Carson and Reno. Our offices are located in the Dayton Community Center, 170 Pike Street in Dayton and Fernley, 460 West Main #110.

Service Area

Most of Lyon, Storey and Mineral communities are located in remote areas of each county, distanced from centralized services and without access to the more typical resources of larger cities, such as public transportation, food and clothing retail outlets, recreational programming, health and social services, and mental health services by as much as 70 miles in some areas. Some of the larger communities include, Fernley, Yerington, Silver Springs, Dayton, Hawthorne and Virginia City. Dayton and Fernley are our largest population areas and represent 65% of the population. Due to the distance between the communities (typically no less than 40 miles), one program cannot encompass all of the population centers without duplicating staff or other resources for each area. Below is a quick detail of our population.

County	Population	> 18	< 65	White	Hispanic	N. American
Lyon	48,860 *	27.1%	13.7%	88.6%	11%	2.4%
Storey	4,012*	19.7%	13.1%	93%	5.1%	1.4%
Mineral	4,629*	22.2%	12%	68%	8.7%	15.9%
Walker River Res.	853	37.4%	11.3%	13%	10%	78.2%

*2007 Estimated population from NV. Rural and Frontier Health Data Book (rest of chart from 2000 US Census Bureau)

The Dayton, Silver Springs, and Fernley Corridors are experiencing one of the fastest growth rates in the nation, and those communities are reeling trying to keep up with the growth. Local government is consumed with infrastructure issues of enough water, sewer, little to no master planning, developments right and left, and the political hot bed of roads, roads, roads—not enough, not big enough, not paved, not signed, not lighted, not safe. With all the emphasis on physical infrastructure, our local leaders barely have time to think about the community residing in those “developments”, but community is more than housing.

How? The Healthy Communities Coalition strives to include a diverse population over several hundred miles, and thus we have multiple ways for our communities to become involved including coalition membership, task force membership, youth prevention teams and board

membership. All of our meetings are open to all and anyone can become a member by filling out a simple application and attend meetings.

Our **coalition membership** focuses on federal state and local agencies, service providers, and community members who work in strategy teams such as youth prevention, senior issues, and basic health issues to address needs as they surface in our communities. Our strategy teams lead the coalition members and task forces to help meet those needs through effective collaboration.

We also maintain **Task Forces** in 7 of our communities—Virginia City, Mound House, Silver City, Dayton, Silver Springs, Fernley and Yerington. Task Force meetings are typically held in the evenings and made up of community members such as youth, senior citizens, teachers, parents, local leaders, service group members, faith leaders, and youth prevention advocate groups. Our task forces are our local experts who focus on their individual community needs, assets, risk factors, and projects. Our task forces are where different community groups can come together for joint projects and to holistically plan to better the community.

Healthy Communities Coalition has partnered with the Walker River Tribe and together is sustaining a **Walker River Tribal Coalition** who is working in concert with us to reduce substance abuse in our communities. They have adopted the statewide plan Community Prevention Plan that is attached at the end of this plan.

Governing and leading our Coalition is our **Board of Directors** who acts as the “glue” to help hold our coalition together and maintain our vision and mission.

Mineral County has three strong community partners, Consolidated Agency of Human Services, Cooperative Extension, and Mineral County that have agreed to begin the coalition process of bringing people together to collaboratively work on substance abuse issues. They will be undergoing the SPF process this year to complete a Community Prevention Plan of their own. They do have a Methamphetamine Plan that is attached at the end of this plan.

History

Healthy Communities Coalition was created in 1995 by a group of concerned citizens whose desire was to keep our kids safe from drugs, alcohol & tobacco, as well as to give a growing population the foundation for developing a community desired by all. Through the last 17 years, HCC has brought to the forefront the reality of poverty and substance abuse and has become more than a basic prevention coalition. HCC believes in many aspects of community, from general neighborhood strategies to helping our individual communities become a healthy community through our ‘Case for Change’. Our goal is to produce community plans where citizens join with county services to strategize ways to get people out of addiction--not just to ease the symptoms.

HCC currently funds programs that create peer to peer education on tobacco, alcohol and drugs as well as addressing poverty and substance abuse in 7 rural communities with the leadership of community members. HCC is currently operating on a budget of approximately \$305,200 per year and has a staff consisting of 5: Executive Director, Fiscal Manager, Coalition Coordinator, Community Relations and a Prevention Leader. The staff at HCC all carry the same passion for

youth and the desire to see them succeed in all areas of life. The coalition does not implement direct services, but instead supports partner agencies in these efforts. Even our environmental strategies are implemented with agency, community, and citizen volunteer partners. Coalition staff coordinates these and has been doing this for seven years and our success is shown through the level of collaboration between our agencies, diversity of our membership, and amount of citizen volunteer hours. Through this kind of collaboration and teamwork, members have substantially raised the capacity for our communities to deal with substance abuse.

2006-2007 Highlights of Successes

- 1) Collaborated with regional partners, and applied to several federal and private sources to continue to bring funds to Lyon County. HCC takes care of the grant writing and management at low costs, so that partners can implement programs with greater ease without huge amounts of paper work. Also, we educated state public officials about the drug abuse issue in Lyon County to show the importance of state support for prevention in 2007.
- 2) Granted \$100,000 in 2006 to Central Lyon Recreation to implement an after-school program in Silver Springs to address low literacy rates and offering students quality cultural, sport, and art opportunities.
- 3) Granted \$100,000 to Mason Valley Boys and Girls Club (funds went to expand programs to Smith Valley and Schurz), Central Lyon Recreation, and Compass of Fernley to continue to implement model after-school and in-school prevention programs that benefit Yerington, Fernley, Silver Springs, Silver City, and Dayton middle school youth with a total of 500 youth served thus far.
- 4) Six community Meth forums were held that reached 642 Lyon County residents with information regarding the drug and its harmful effects.
- 5) Youth prevention teams in six areas of our county conducted monthly prevention strategies against Meth, alcohol and tobacco—reaching 5000 students in 2006.
- 6) Currently supporting and helping create plans for a community center in Dayton, and a Boys and Girls Club in Silver Springs.
- 7) Collaborated and funded Lyon County Sheriff, to implement the Enforcing Underage Drinking Laws Grant that conducts alcohol compliance checks, provides server trainings, and shoulder tap stings. So far 24 businesses and 92 store and bar employees have been trained and pledged to keep alcohol, tobacco, and “meth vase pipes” out of our youth’s hands. In 2005, 39 businesses out of 62 complied with the law and carded an underage decoy for a compliance rate of 58%. In 2006, 31 businesses passed out of 52 for a 67% compliance rate. We expect our compliance rates to jump dramatically in 2007 with the increased server trainings, sanctions, and publication of results.

- 8) Raised \$5545 between Thanksgiving and December 15th for holiday toy, coat, and food drive, that supported 250 Dayton area residents--of course we had much help from community partners to do this.
- 9) Worked closely with Lyon County Human Services, to create and promote the Case for Change that argues to eradicate poverty and reduce substance abuse. Reached approximately 600 people thus far and currently working on community plans to reach these goals.
- 10) Trained 89 youth prevention leaders to plan and implement the youth prevention strategies.

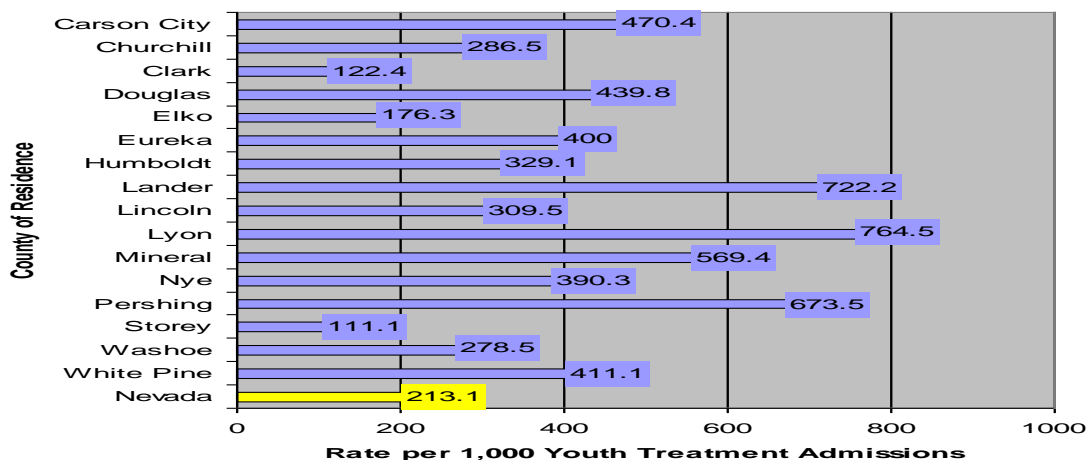
Step 1: Assessment

The following eight pages are samples of some of our most compelling data. Know that at our community meetings, youth prevention meetings, community forums, and Case for Change meetings this data plus community input was considered before coming up with our prioritized list of concerns. We have meeting minutes, transcribed personal accounts, and interviews with key stakeholders to add to this snapshot below—for brevity we could not include everything.

The assessment focuses on what is wrong with our communities instead of what is right simply because currently that is how resources to address the problems are secured. One of the guiding principles of our coalition is that we also focus on what is right in our communities and we are happy to report that our communities, for the most part are thriving, but we can do better. The below assessment and prioritized concerns are where we can do better.

County-wide data

Youth from Lyon and Mineral counties greatly exceed our state average in youth alcohol treatment admissions. The below chart details the five year average rate of alcohol related youth treatment admissions by rate per 1000 youth treatment admissions for all substances for 2001-2005. This data was collected from our State Substance Abuse Prevention and Treatment Agency (SAPTA).



To understand why our region has such a strong prevalence of youth abusing alcohol we will expand our assessment in 2007-2008 and look at the following intervening variables; 1) Easy Retail Access to Alcohol for Youth 2) Low Enforcement of Alcohol Laws 3) Easy Social Access to Alcohol 4) Low Perceived Risk of Alcohol Use 5) Social Norms Accepting/Encouraging Youth 6) Young Adult Binge Drinking of Alcohol 7) Low or Discount Pricing of Alcohol Availability. Our high rate of youth alcohol abuse is cause for concern in itself, but we have also found in the last year that there is a high correlation between early use of alcohol use and experimenting with Methamphetamine. Below is information extracted from the Youth Risk Behavior Survey from Washoe County (we used Washoe County data because the sample size is larger but our focus groups have confirmed this as well.

Age of First Use of Alcohol	≥8	9-10	11-12	13-14	15-16	17+	Never
Tried Methamphetamine	31.6%	38.1%	33%	18.1%	9.8%	8.8%	1.2%

According to the Youth Risk Behavior Survey, Nevada has the highest rate of youth Methamphetamine use at 12.5 % of our students reporting they have used Meth, and Lyon youth reporting 15.8% using Meth. Most of our youth and community members are not using Meth, but according to Lyon, Storey, Walker River Tribal and Mineral Sheriff, Methamphetamine is involved in 80-90% of the calls for service.

Following is Lyon County's Youth Risk Behavior survey for 2003-2005 to show trends. The areas where negative behavior increased were in violence, the perception that friends drink alcohol really increased, methamphetamine use, and huffing.

2003 and 2005 Nevada Youth Risk Behavior Survey for Lyon County School District
Middle/High School

After-School Activities and Behaviors	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle		2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
When away from home parents or adults they live with only sometimes, rarely or never know where they are	14.4	11.5	13.1		13.8	16.8	17.1
During school year, worked at least 12 hrs/wk at a part-time job					19.6	23.02	18.2
Gone to school in district where they now attend school less than 3 year	26.5	35	27.5		23.8	19.6	20.6
Miss school at least 2 days a month	18.4	17.3	16.2		18.6	20.6	24.3
Are involved in non school activities regularly	74.6	73.6			66.2	68.4	
In the past 12 months seriously thought about dropping out of school	4.9	6.6	4.4		9.4	9.9	5.4

Will or probably will complete a post high school program	70.8	67.6	66.0		77.8	77.7	77.7
Rarely or never wear a seat belt when riding in a car driven by someone else	11.5	8.02	10.5		15.6	18.2	12.2
Violence	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle		2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
Only sometimes, rarely or never feel safe in their neighborhood	10.2	21.9	26.6		5.7	18.5	16.7
Only sometimes, rarely or never feel safe and secure at school	11.2	29.1	3.4		20.5	23.0	26.2
In the past 30 days, did not go to school on at least 1 day because they felt unsafe at school or on the way to or from school	10.7	8.0	11.2		5.4	7.9	9.4
Only sometimes, rarely or never feel accepted at school	15.2	33.9	32.1		27.1	28.5	25.5
In past 30 days, were offended, threatened, frightened, or attacked one or more times because of their racial or ethnic background	23.4	25.1	27.7		12	17.5	20.7
Ever belonged to a street gang	10.5	12	13.9		9.7	12.4	12.6
Believe there is gang activity in their school	21.2	22.7	31.5		14.3	35.0	41.5
In past 12 months, were in at least 1 physical fight	48.7	48.9	40.4		26.4	42.3	34.5
In past 12 months, were in at least 1 physical fight on school property	30.3	28.07	21.3		13.3	19.9	14.2
In the past 30 days, carried a weapon at least once	17.7	17.1	14.3		11.9	21.3	18.4
In the past 30 days, carried a weapon at least once on school property	4.4	5.08	5.8		5.1	7.2	6.8
In the past 12 months, someone threatened or injured them with a weapon on school property	8.6	8.5	8.3		7	8.2	8.1
In the past 12 months, were ever hit, slapped or physically hurt on purpose by their boyfriend or girlfriend	10.7	8.8	9.8		8.5	15.1	10.7
Depression	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle		2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
In past year, felt so sad or hopeless almost every day for at least 2 weeks in a row that they stopped doing some usual activities	29.4	31.8	29.3		31.4	32.9	27.8
In past 12 months, seriously considered attempting suicide	21.7	20.0	17.5		22.9	20.9	16.1
In past 12 months, made a					17.7	18.2	15.0

specific plan about how they would attempt suicide							
In past 12 months, actually attempted suicide at least one time	14.9	11.4	12.5		12.5	13.05	8.7
Of those who attempted suicide in past 12 months, attempts resulted in injury, poisoning or overdose that required treatment by a doctor or nurse					2.4	4.12	40.9
Tobacco	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle		2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
Ever tried smoking a cigarette	41.4	36.0	29.0		63.1	67.7	52.0
Smoked first cigarette before age 13	36.6	20.6	14.4		24.7	26.1	16.1
In past 30 days, smoked cigarettes at least once	10.4	13.1	9.7		28.6	27.8	18.3
In past 30 days, of those who reported current cigarette use, smoked at least 10 cigarettes per day on the days they smoked					3	3.4	11.8
In past 30 days, of those who reported current cigarette use purchased their cigarettes in a store	1.5	.8	7.7		6.4	4.1	13.2
In past 30 days, of those who bought or tried to buy cigarettes in a store, were not asked to show proof of age		2.4	71.6		4.3	4.5	45.5
In past 30 days, smoked cigarettes on school property at least once	1.9	3.7	4.1		8.5	7.5	6.8
In past 30 days, used chewing tobacco, snuff, or dip on at least once	2.4	2.1	3.4		3.6	4.8	5.9
In past 30 days, used chewing tobacco, snuff, or dip on school property at least once					3	3.8	3.6
Some, most or all of closest friends use tobacco almost daily	11.9	11.8	10.9		30.2	30.2	26.4
Think that people are at slight or no risk of harming themselves if they smoke one or more packs of cigarettes a day	7.7	8.8	15.6		6.4	7.5	9.7
Alcohol	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle		2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
In the past 30 days, rode in a car or other vehicle driven by someone who had been drinking alcohol	18.2	17.11			19.8		
In the past 30 days drake and	5.4	4.8			7.9		

drove						
During their life, had at least 1 drink of alcohol on one or more days	56.8	51.8	48.3	80.5	83.1	74.1
Had first drink of alcohol before age 13	43.9	34.2	34.0	33.3	30.2	31.1
In past 30 days, drank alcohol at least once				43.5	44.6	41.4
In past 30 days, had 5 or more drinks of alcohol in a row at least once	13.1	12.6	13.9	27.5	32.9	24.8
In past 30 days, drank alcohol on school property at least once	2.1	3.5	5.3	7	6.5	6.8
Of those who drink alcohol, usually get their alcoholic beverages from home with or without parental knowledge	27.5	25.4	64.0	22.9	21.6	36.1
Some, most or all of closest friends use alcohol at least once a month	15.2	12.8	14.1	32	77.3	43.3
Think that people are at slight or no risk of harming themselves if they have 5 or more drinks in a row within a couple of hours	17.7	17.4	20.1	25.6	24.7	23.2
Think that parents/guardians would approve or not care if they attended a party where alcoholic beverages were available	5.2			13.8	18.5	18.6
Think that parents/guardians would approve or not care if they have 5 or more drinks in a row within a couple of hours				10.3	13.4	11.9
Marijuana, Meth, Other Drugs, and Gambling	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle	2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
Ever used marijuana	14.5	12.0		46.2	49.4	39.3
Used marijuana for first time before age 13	10.5	8.8	10.0	12.4	14.0	12.3
In past 30 days, used marijuana on school property at least once	1.3	1.9	3.4	3.6	5.5	5.7
Think that parents/guardians would approve or not care if they smoked marijuana		5.34	7.9	7	11.3	9.2
Ever used any form of cocaine(powder, crack, freebase, etc)	3.3	4.0	6.0	10.6	14.4	11.1
In past 30 days, used any form of cocaine		10.9		2.1	6.2	5.4
Ever used methamphetamines(speed, crystal, crank, ice)	5.1	3.2	5.5	12.5	15.8	11.7
Ever sniffed glue, breathed		10.9		2.7	18.9	15.3

contents of aerosol spray cans, or inhaled any paints or sprays to get high						
Ever used other illegal drugs (heroin, hallucinogens, depressants, tranquilizers, etc.)	3.6	4.8	5.2	10.3	14.4	12.5
Ever used steroid pills or shots without a doctor's prescription				5.4	3.7	5.5
Ever taken over-the-counter drugs to feel high	8.3	6.7	7.0	14.9	18.2	14.1
Ever used a needle to inject any illegal drug	.9	1.9	2.8	1.8	3.7	3.9
In past 12 months, been offered, sold, or given an illegal drug on school property	14	14.1	19.7	22.3	22.3	32.6
Think that people are at slight or no risk of harming themselves if they use illegal drugs (cocaine, heroin, crystal, methamphetamines, hallucinogens, etc.)	15.5	4.81	10.6	4.9	6.5	7.7
In past 12 months, gambled (betting on cards, games of personal skills or sports teams, buying lottery tickets, gambling in a casino, etc.)	31.4	31.3	31.4	29.9	35.3	41.2
Sexual Behaviors and Health	2003 Lyon Middle Schools	2005 Lyon Middle Schools	2005 State of Nevada Middle	2003 Lyon High Schools	2005 Lyon High Schools	2005 State of Nevada High
Believe it is important for schools to address today's problems (substance abuse, violence, HIV, teen pregnancy, abuse, suicide, etc.)	93.7	93.0	86.9	95.4	92.8	94.4
Ever been taught about AIDS or HIV infection in school	69.8	57.5	54.8	88.1	86.9	85.1
Ever had sexual intercourse				51.8	51.5	44.1
Had sexual intercourse for the first time before age 13				7.7	4.8	7.7
During their lifetime, has had sexual intercourse with at least 4 partners				14	18.5	15.2
In past 3 months, had sexual intercourse				33.8	37.1	30.8
Of those who are sexually active drank alcohol or used drugs before the last time they had sexual intercourse				9.1	12.7	22.8
Of those who are sexually active, used a condom or partner used a condom the last time they had sex.				34.1	34.3	62.4
Ever been forced to have sexual				11.6		13.0

intercourse against their will.						
Of those who are sexually active, used withdrawal or no method at all to prevent pregnancy the last time they had sex				9.8	7.5	21.6
Ever been pregnant or gotten someone pregnant				4.6	6.2	5.4

YRBS Mineral and Storey County data available upon request.

We have specific Community Norms for each community and are available upon request. All the percentages were similar.

Storey and Lyon County

QUESTION	strongly agree	somewhat agree	somewhat disagree	strongly disagree
1. Underage drinking is a rite of passage and not likely to change.	12.3%	36.3%	23.8%	23.6%
2. There is little adults can do to reduce underage drinking	7.6%	14.3%	30.8%	4.25%
3. People in our community are protected from the negative results of drug and alcohol use, including accidents, violence, etc.	6.6%	14.5%	18.3%	52.3%
4. Both youth and adults in our community can get correct information about the results of alcohol and drug use on health, family, and society.	32.8%	41.%	19.5%	3.6%
5. Most parents don't mind if their teens drink.	3.6%	23.1%	31.1%	38.1%
6. Youth in our community grow up in an environment protected from the promotion of alcohol and drug use.	5%	19.6%	33.1%	42.3%
7. Law enforcement does very little to stop underage drinking.	10%	34.3%	33.5%	21.3%
8. Law enforcement should not waste their time trying to prevent underage drinking.	6.16%	6.6%	14.1%	69.3%
9. People with drug and alcohol use problems and their families can get treatment and care in our community.	20.3%	40.8%	19.1%	17.3%
10. Youth and adults in our community who don't want to use alcohol or drugs are not under pressure to use them.	17.3%	31.5%	27.1%	22.8%
11. Adults should be allowed to serve alcohol at teen parties in their own homes.	10.6%	9.6%	12.2%	10.1%
12. Most local community events do not include alcohol, tobacco or drugs.	16.5%	25.6%	31.8%	22.3%
13. In our community, children and young people have	21.5%	45%	20.6%	7.1%

positive adult role models who encourage them to make healthy decisions and be involved in positive, constructive activities.				
14. The alcohol industry targets youth with their beverages and advertising.	42%	32.6%	14.6%	5.8%
15. Alcohol advertising should not be allowed at events attended by children such as sporting events.	40.1%	27.5%	15.3%	8%
16. Our community has plenty of ways for children and young people to be involved in positive activities and to use their time in constructive ways.	20%	29.8%	27.1%	20%
17. It is easy for teens to buy alcohol in our community.	15.5%	35.3%	26.8%	13%
18. Adults see youth as resources to our community.	15.6%	44%	26.8%	6%
19. Many adults knowingly provide alcohol to teens in our community.	15.5%	35.3%	26.8%	13%
20. In our community, youth have a “voice” in decisions that affect their lives.	17.5%	35.6%	26.8%	11.6%
21. Alcohol use by teens creates other safety and health problems in our community.	52.3%	26.1%	8.8%	5.3%
22. In our community people work together to make it a better place to live.	23%	38.5%	21.5%	10.5%
23. Teens often mimic the drinking habits of their parents.	51.3%	32.8%	8.3%	3.1%
24. In our community, people have access to transportation to get to activities and meet their basic needs, such as shopping and medical appointments, etc.	10.1%	24.3%	26.6%	34.8%

QUESTION	0 – 10%	11-25%	26 – 50%	51 – 75%	76 –100%
1. What percentage of youth between the ages of 10 – 14 years old do you think drink with their friends more than once a month?	19%	31.8%	23.8%	11.6%	2.5%
2. What percentage of youth between the ages of 15 and 17 do you think drink with their friends more than once a month?	1.8%	10.6%	29%	37.8%	10.8%
3. What percentage of youth 18 – 20 years old do you think drink with their friends more than once a month?	1%	2%	13%	40%	36.6%

For the following set of problems associated with underage drinking, please select the response that most accurately describes how significant you think this problem is in your community for youth and their families.

PROBLEM	Very significant	somewhat significant	not very significant	not significant at all
unwanted pregnancy	32.1%	37.6%	20.8%	6.8%
drunk driving	43.5%	39%	9.8%	4.5%
vandalism and other criminal activity	37%	42.8%	15.6%	1.5%
disturbing the peace	35%	36.5%	21.3%	4.8%
gateway to other illegal drug use	45.6%	31.5%	15.5%	5%
“date” rape and other sexual assault	31.6%	23.5%	30.3%	14.6%
alcohol poisoning	27.1%	29%	27.3%	9.5%
accidents resulting in physical harm	35%	41.8%	14.6%	6%
poor school performance or attendance	47.8%	30.6%	14.5%	3.6%

Step 2: Capacity

Coalition Capacity

Our coalition membership includes 33 agencies (state, county, tribal, federal, and non-profit) that meet on the second Thursday of every month except July. The coalition has been meeting like this for 12 years. HCC also has eight community task forces that meet once a month and each task force ranges from 18-45 members depending on the size of the community. Each task force includes many different sectors of members including churches, teachers, sheriff, youth, parents, seniors, business, and service organizations. Last year we tracked over 245 volunteers through our Task Forces and Case for Change and over 3000 volunteer hours for prevention. Equally as important we have 7 youth prevention leadership teams with 125 students participating.

Community Capacity

HCC is happy to report that currently each of our communities has non-profit partners or agencies ready to help and implement the plan if funding is available to support their infrastructure as well. Lyon is the fastest growing county in Nevada so capacity is always an issue to keep up with the growth. Very little of this plan except for community and volunteer involvement can be added to someone’s already existing job and that means new people need to be hired for implementation throughout our agencies.

Unfortunately, space to provide services is becoming an increasing difficult issue for many of our providers—especially those who work in Fernley, Dayton, and Virginia City. As a result, many of our partners are office/space sharing and working different hours to utilize space as best as possible. Dayton, Fernley, and Storey County Task Forces are advocating for increased community space. This issue has become critical in Fernley and providers have had to reduce services and not fill positions because there is no room. It is imperative that when considering expanding a service that this issue be addressed. We will continue to advocate for space in our communities for these important services at every opportunity and will be working with partners in each community to try alleviating these issues.

Work Force Development

All of our partner agencies struggle to find qualified people to implement this important work, and as a result we will have to find ways to solve this issue at the local level as well as work with our state partners. We would like to designate a sub-committee to work on the space and work-force development issues most of our partners face. HCC is currently working with Turning Point and Community Chest to immediately address the training needs of our two counties' out of school time youth workers. Trainings have been given in the area of positive youth development and management of quality youth programs. We will continue to have a training gap for kind of flexible and targeted training for our partners.

We have also looked at growing the field through our youth prevention teams, youth task forces, and Storey County's Global Voice youth by strategically training them and exposing them to this profession.

Step 3: Planning

After holding many community forums, key stakeholder discussions, and meetings the communities have the following similar concerns and service gaps.

General Concern: The relational issues between poverty and generational substance abuse are not currently being addressed in an effective manner. Our community leaders believe that current strategies, programs, and consequences deal with the negative outcomes of these issues instead of the precursors to these issues.

Consequences:

- 1) Large amount of local and state resources consistently being spent on a few "repeat" families and their symptoms of generational substance abuse and poverty with little positive results (Reports from the field).
- 2) Lower academic performance between youth on free and reduced lunch and youth who are not. (Nevada reportcard.com). We were unable to get specific data about kids whose caregivers are addicted, but many professionals expressed major concerns over developmental and academic lags seen in this population.
- 3) Significant attendance barriers for positive youth development opportunities outside of school and employment opportunities exist for youth who do not have money or transportation (resource analysis).
- 4) Based on the 2000 Census, nearly 20% of the Lyon County population does not have a high school diploma.
- 5) In Lyon County, only 11.3% of the population over age 25 has a Bachelor's degree or higher, compared to the state rate of 18.2% and the national rate of 24.4%.
- 6) According to Lyon County Sheriff 80% of all drug related arrests were adults who have children.

Specific Gaps:

- 1) *Little consistent Alternative Prevention Programs and Activities exist in our communities that overcome the barriers of transportation and cost except for: a) the Boys and Girls Club in Yerington and Schurz, b) the school based prevention teams in Dayton and Silver Springs, and c) the school based high school prevention program Project Success in Dayton. The community feels that if a prevention program or activity does not address these barriers of transportation and cost, than the activity or program are exclusive to families and youth who have reliable transportation and money to spend on alternative activities. Considering most of the affordable housing is located away from schools and population centers, transportation becomes a formidable barrier. Our communities feel that all children should have opportunities for positive youth development despite family economics.*
- 2) *Little to no consistent intervention or prevention programs or strategies aimed at youth and children weathering their caregivers' addiction.*
- 3) *Little consistent community system of referral and identification for children whose immediate safety is endangered because of caregivers' addiction.*
- 4) *No standardized community system of referral and identification for children whose safety are not immediately endangered because of caregivers' addiction but may have positive youth development needs.*
- 5) *No intervention or prevention programs aimed at elementary school youth displaying warning signs of early problem behavior such as early academic failure, suspension from school etc.*
- 6) *Little wrap-around community services for families coming out of treatment and trying to move out of poverty and addiction.*
- 7) *No transitional housing to assist with family stabilization.*

General Concern

Certain characteristics of our local community environment promote, is lenient, or silent about the use of ATODs including Methamphetamine

Consequences

- 1) According to the Youth Risk Behavior Survey, typically Lyon, and Mineral Youth reported that they drank alcohol, used tobacco, or methamphetamine at a higher percentage rate than the state.
- 2) According to our Community Norm Survey, adults and youth perceive that “most” youth use alcohol even though most youth do not.
- 3) Youth from Lyon and Mineral counties greatly exceed our state average in youth alcohol treatment admissions.
- 4) All task forces in Lyon and Storey counties prioritized availability of ATODs as one of their top risk factors.
- 5) Only 5% of the 1000 people surveyed our Community Norm survey believed that our youth in our community grow up in an environment protected from the promotion of alcohol and drug use.
- 6) According to the Nevada Rural and Frontier Healthy Data Book 2007, the percent of pregnant women abstaining from alcohol consumption in rural and frontier counties is 84.3% compared to 91.1% in Nevada.
- 7) Alcohol related injuries, arrests, and deaths severely spike during summer holidays at Lahotan State Park.

8) Local Sheriff Offices report that 80-90% of all incidents are drug or alcohol related.

Specific Gaps

- 1) *Few cross generational community events exist that do not serve alcohol.*
- 2) *No local ordinances to monitor alcohol license special-use permits etc for holidays etc.*
- 3) *Data needed on intervening variables that contribute to the above consequences.*
- 4) *Adult use data (Youth Prevention teams worry about adult alcohol use patterns, but no data.)*
- 5) *Information about our Hispanic population and ATOD use.*
- 6) *Examination of alcohol and enforcement policies at State Park.*

For the following gaps HCC has what is currently in implementation for each community and can provide you with more specific information for each community. There are a few science-based prevention programs scattered across the region, but nothing consistent and the coalition's goal is to see every community have successful prevention programming covering the full age spectrum.

- 7) *Science-based or model school-based prevention programs.*
- 8) *Science-based or model out of school time prevention programs*

Step 4: Implementation

Healthy Communities Coalition believes that to reduce the incidence of ATOD abuse, and any other drug related consequences and community problems there must be a broad based approach that focuses on multiple strategies across multiple sectors. Through our 12 year experience, we have seen that no one entity private or governmental or any one single approach makes a great impact on substance abuse; and thus instead a collaborative and multiple strategy approach is needed. The approach is confirmed to be effective through prevention research which is documented in the Northwest Regional Educational Laboratory's, *Effective Comprehensive Prevention Programs: A Planning Guide* (1996). This is a guidance document that summarized prevention research and is a foundation for what we know today about what is effective substance abuse prevention. That document reports that prevention must be part of a larger effort. Prevention programs that are add-ons, tacked onto one corner of a curriculum or aimed at one segment of the population, are unlikely to succeed. The guide which is a compilation of reports and articles, states that prevention programs must be folded into the mainstream. *Prevention efforts must touch not only the individual but the whole community.*

In order to achieve HCC's goal of multiple strategies across multiple sectors we have to not only establish working relationships with partners but also ensure our plan involves the individual and the community. In order to do this we propose to support seven general prevention strategies (Education, Information Dissemination, Alternatives, Positive Youth Development, Community-Based Process/Systems, Problem Identification and Referral, and Environmental) across the three Institute of Medicine (IOM) classifications of Model Prevention, which are:

- universal interventions, offered to an entire population because their benefits outweigh their cost and risk
- *selective* interventions, targeted only to groups at greater risk than the rest of the population, incurring a moderate cost justified by the increased risk of illness; and

- *indicated* interventions, provided only to high-risk individuals and to those persons who are experiencing early symptoms of a disorder either to prevent future development of a health problem or to reduce the duration or severity of a health problem

Currently, HCC staff is mapping out for each community, what our partners are currently implementing in the six prevention strategies across the IOM classifications. Please call us for this information. Following is our plan. This plan is a living document and is the result of many community conversations about data and experience. We encourage anyone interested in contributing to the plan to join us to make it better each year. Please call us at 246-7550. We hope new partners will be excited to join the joint effort to reduce substance abuse in Lyon, Storey, and Mineral Counties

Strategy: Information Dissemination and Education (these strategies cannot be stand alone)

Long-term outcomes: Reduce 30 day use youth ATOD use

Increase age of initiation of alcohol

Reduce stigma around treatment and people in recovery

Short-term Outcomes:

- 1) All sectors of the community know the harms and community consequences of ATOD use.
- 2) All sectors know a) where to refer an addicted person b) what to do if one suspects drug trafficking or a lab c) how to change physical environment to discourage drug trade.
- 3) Increased community perception of consequences for using or selling ATODs to youth.
- 4) Community members have a general understanding of the complexities of treatment.

Performance Measures

- a. Number of pieces of prevention information that go out
- b. Number of hits to websites Number of newspaper articles referencing prevention etc.
- c. Number of prevention related PSAs
- d. Evidence of materials in languages/cultures that reflect the targeted population
- e. Community perception of harm of using ATODs
- f. Community awareness of consequences of ATOD abuse
- g. Community knowledge of services and systems that exist to tackle ATOD problem
- h. Community perception of consequences for using or selling ATODs to youth.

Strategy: Alternative Activities

Long-term outcomes: 1) Reduce 30 day use youth ATOD use

2) Increase age of initiation of alcohol

3) Youth whose caregivers are drug addicted are actively engaged in prevention programs to support them in healthy choices.

Short-term outcomes:

- 1) Prevention activities/programs will actively engage youth whose caregivers are drug addicted in both indicative programs and universal programs (least restricted environment).
- 2) Increase school-based model prevention programs
- 3) Increase school-based elementary prevention program

Performance Measures

- a. Number of programs providing prevention activities for youth, and coalition funding/other involvement for these programs
- b. Number of youth attending events sponsored by coalition or its partner agencies
- c. Percentage of youth attending events/programs who have drug addicted parents, are themselves in recovery, or are otherwise considered DEC
- d. Evidence of referral partnerships with treatment agencies and drug courts

Strategy: Problem Identification & Referral

Outcomes:

- 1) Systematic Community Protocols are established for problem identification and referral for Drug Endangered Children (impending safety issues).
- 2) Systematic Community Protocols are established for problem identification and referral for children of drug addicted caregivers (impending positive youth development issues).

Performance Measures

- a. First responders (school counselors, police officers, social service personnel) know how to identify the signs and symptoms of a DEC.
- b. First responders (school counselors, police officers, social service personnel) know where to refer children with addicted caregivers and their families for assistance.
- c. Community members (particularly parents, teachers, members of the faith community, youth) know how to identify the signs and symptoms of a DEC.
- d. Community members (particularly parents, teachers, members of the faith community, youth) know where to refer children with addicted caregivers and their families for assistance.

Strategy: Environmental

Outcomes:

- 1) People perceive they live in a healthy community where all youth and adults are valued and safe.
- 2) Community members perceive there are consequences to selling or supplying ATODs to youth.
- 3) People have the accurate perception that most youth make the positive choice not to use ATODs
- 4) Community members take active roles in promoting positive youth development for all youth.
- 6) Cross generational community events occur that do not include the consumption of alcohol.
- 7) Community members take an active role in supporting families healing from poverty and addiction.
- 8) Reduce alcohol related arrests, injuries, and deaths that occurs during summer holidays at Lahotan.

Performance Measures

- a. Documented policies, procedures, policies, rules, laws etc. related to ATOD use (for example, workplace having their employees sign contracts indicating that they work in a drug-free workplace and will not use)
- b. Perception of consequences of ATOD use (beyond law enforcement) - for example losing their children, health consequences, welfare, unemployment.
- c. People perceive that most youth do not drink

- d. Track community events
- e. Track Volunteers
- f. Track alcohol related incidents at Lahaton
- g. Media

Strategy: Community Based Process

Outcomes:

- 1) Systematic collaboration is the norm when addressing the issue of addiction—prevention, intervention and treatment.
- 2) Logical, data based, cost effective, decision making is the norm when addressing substance abuse prevention, intervention, and treatment.
- 3) Local key stakeholders and leaders approve and adopt plan.

Performance Measures

- a. Multiple sectors actively involved in the SPF process to update and implement comprehensive community prevention plan.
- b. Comprehensive community prevention plan is implemented through multiple funding sources.
- c. Documented partnerships to address addiction related consequences (sectors represented)
- d. Sharing of data

Step 5: Evaluation

HCC's evaluation plan is simple. We would like to track a few common performance measures (see our plan) to keep an eye on short term outcomes, and continue to track indicators to see how all of our efforts are affecting the problem of substance abuse in our community. We want to work with funded providers to together meet this goal.

Program Need

The overall need of Mineral County as a small, isolated, rural county in West-Central Nevada...

Mineral County, created in 1911, is located in West-Central Nevada encompassing some 3,756 square miles. The county is unique in that it is mostly mountainous, with canyons and large arid plateaus rising upward from the Walker Lake Basin. While Hawthorne is the county seat, other small outlying communities include Schurz, Walker Lake, Luning and Mina. The U.S. Census Bureau reported that the population of Mineral County in the 2000 Census was 5,071. The 2002 population of Mineral County, according to the Nevada State Demographer, is 4,695. Known for its mineral deposits of gold, silver, copper, tungsten, iron, coal, borax, lead and gemstone rocks, the county suffers from the Nevada boom-bust economy. The Census Bureau estimated that 15.3% of Nevada Children under the age of 18 were in poverty in 2003. According to the Nevada Kids Count Data Book 2006, Mineral County has an estimated 23.2% of its children under the age of 18 in poverty. This county has the highest poverty rate in Nevada. From 1998 to 2000, annual change in personal income decreased in the county by 3.7% while most all Nevada counties showed an increase in personal income. In 2004, the Nevada State Demographer projected that Mineral County will see a 47% decrease in population by 2024.

Methamphetamine Use in Mineral County and Nevada...

Methamphetamine is a problem in Mineral County. The Youth Risk Behavior Survey (YRBS) completed by the Nevada State Department of Education in 2005 indicates that 14% of Mineral County High School Youth have used methamphetamine. Furthermore, 2.7% of high school students reported using methamphetamine 40 times or more. The National Survey on Drug Use and Health reported Nevada having the highest rates of past year methamphetamine use among person aged 12 years of age or older. In addition, Nevada was ranked among the highest rates of past year methamphetamine use among young adults between the ages of 18 to 25 years of age. Survey data results also indicate methamphetamine use is higher in the West than the rest of the United States.

Youth-At-Risk leads to academic failure, substance abuse and violence....

Mineral County School District is comprised of four schools in the county. They include Hawthorne Primary School, Hawthorne Elementary and Junior High School, Mineral County High School and Schurz Elementary School located on the Walker River Indian Reservation. The total student population is 743 students with 31-41% benefiting from the free and reduced lunch program. The estimated educational attainment (percent of population 25 years and over) is 77% for high school graduate or higher, which ranks the county as the third lowest in the state and well below the state average of 81%. Only 10% of graduates attain a bachelor's degree or higher falling well below the state average of 18% and ranking Mineral County as the second lowest in the State.

Drug and Alcohol Abuse leads to At-Risk behaviors...

The Center for Substance Abuse Prevention information sheet directly ties substance abuse, delinquency, and teen pregnancy to a lack of commitment to school and academic failure beginning in late elementary school. In the Fall of 2003, the University of Nevada Cooperative Extension, Mineral County conducted a formal survey of Mineral County residents. The sample was composed of 540 households randomly selected throughout the county. There were 207 respondent households. The top three youth issues identified in the research stated that jobs skills training/preparation for youth, preventing teenage pregnancy and the use of drugs and alcohol by youth were major problems in the community.

Census data identifies needs for additional support...

The 2000 US Census profiled Mineral County on selected social characteristics which show that lack of strong, positive role models. In 2000, there were 1,176 children enrolled in school from the ages of 3 years and over. There were 18.2% of the children in elementary school and 28.3 percent in high school. There were 111 grandparents living in a household with children while 81% of these grandparents are the caretakers for the grandchildren. In addition, there is 23% of the population that does not have a high school diploma. The per capita income of Mineral County in the 2000 census data was \$16,952.

The Mineral County Methamphetamine Public Education Program

A search on the SAMSHA website for a prevention methamphetamine program could not be found. Model programs take time to develop. The goals below are based on information from the Montana Meth Project and concepts in other SAMSHA model programs. The goals below are just a part of a larger Meth plan for Mineral County.

Goal #1 & Objectives

Create citizens awareness through educational programs/workshops and a public awareness campaign in Mineral County.

1. University of Nevada Cooperative Extension will hire a Program Coordinator to coordinate educational prevention activities in conjunction with other partners in the communities of Hawthorne, Mina, Luning, Schurz, and Walker Lake in Mineral County. The coordinator office would be located in Hawthorne.
 - a. Assess community norms and public/institutional policies and resources available.
 - b. Provide public quarterly workshops and educational programs to all communities about methamphetamine and the impact on communities and people.
 - c. Provide 6 educational programs in Mineral County High School, Schurz Elementary School and Hawthorne Primary and Middle Schools about Methamphetamine.
2. University of Nevada Cooperative Extension will identify a core group of community members and county officials for a committee to design an Educational Public Awareness Campaign.
 - a. Design and print methamphetamine educational posters for all community schools, senior centers and public venues.
 - b. Create and Design Community Billboards about Methamphetamine use and its impact in 3 Mineral County Communities.

- c. Design, print or order Methamphetamine brochures and flyers to educate residents about Methamphetamine.
 - d. Design and create an educational insert to be put in the Mineral County Independent Newspaper. (2,000 contacts made)
3. Create a computerized database to provide residential information as needed to promote new laws, new findings and information related to the prevention of methamphetamine use.

Goal #2 and Objectives

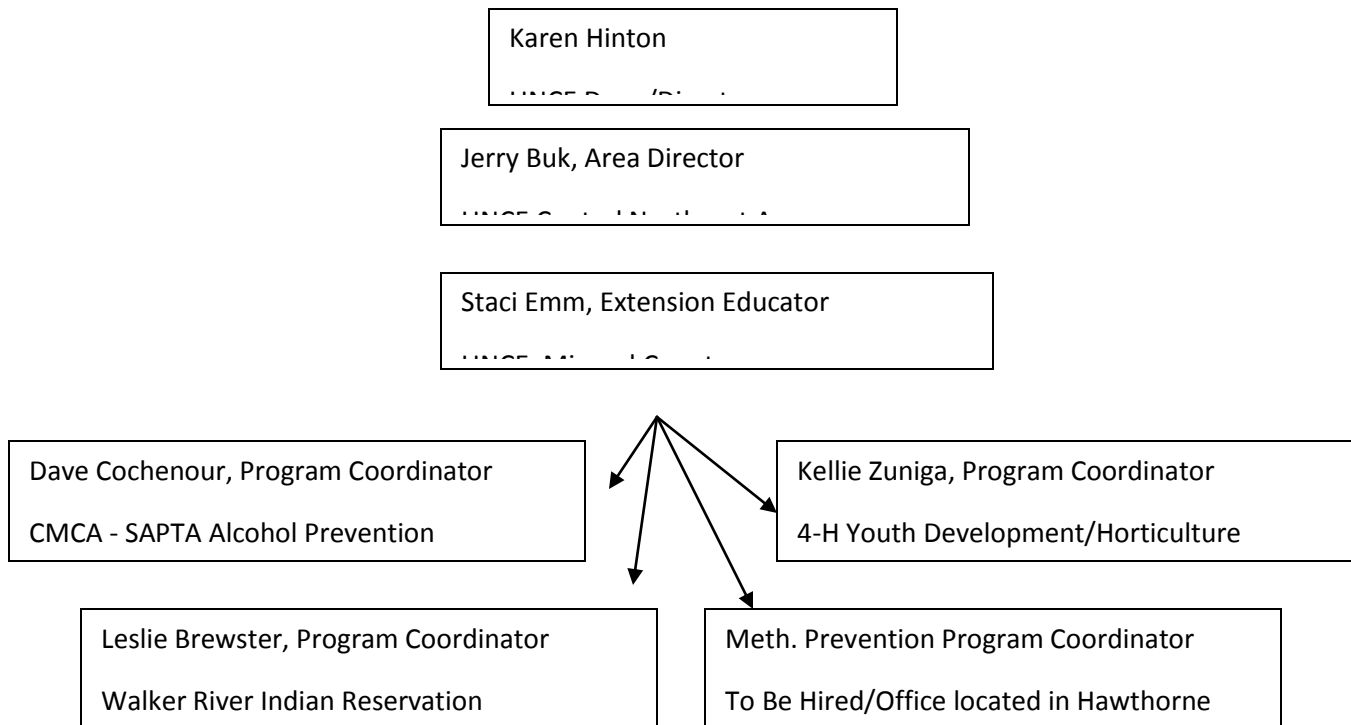
University of Nevada Cooperative Extension, Mineral County will develop a standardized strategy to evaluate the overall effectiveness of the program while cooperating with the Mineral County and State partners.

1. Design and implement Mineral County Teen Survey with University of Nevada Cooperative Extension, Mineral County and Mineral County School District.
2. After 1 year of the program, University of Nevada Cooperative Extension will send out a community survey instrument to measure residents' knowledge about methamphetamine and resources available.

Role of University of Nevada Cooperative Extension, Mineral County

University of Nevada Cooperative Extension (UNCE) and other cooperative extension programs around the nation have traditionally run successful public education programs. Mineral County Cooperative Extension has the support and ability to run a successful methamphetamine education/prevention program. Cooperative Extension has an office in every county in the state with hundreds of State, County and grant funded employees. While the Mineral County Extension office is a new office established in 2004, the demonstrated need is shown and the community is willing to support programs based on community need. Mineral County Cooperative Extension current youth development programs are: a 4-H program funded by the County and a youth alcohol prevention program funded through SAPTA. Cooperative Extension has many ways of dealing with volunteers and has the foundation of working with youth and adults to provide the fabric of a strong public education program. UNCE has the ability to monitor and manage a prevention program and, with the help of our partners, we can be successful in serving the residents of Mineral County and increase community awareness about the risks of methamphetamine use.

Organizational Chart - University of Nevada Cooperative Extension (UNCE)



The Mineral County Extension Educator is a faculty member of the University of Nevada and is equivalent to an assistant professor in the University of Nevada system. The Extension Educator will dedicate appropriate time to manage the Methamphetamine Prevention program. The Extension Educator has experience working with disadvantaged populations and creating new programs. The Extension Educators resume is below.

